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Correlation between depression, psychological wellbeing, and attitudes toward psychological help seeking in surgical patients

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Abstract

Aim: The aim of this study was to investigate the correlation between depression, psychological well-being, and attitudes toward psychological help seeking in surgical patients.

Material and Methods: This was a correlative descriptive study conducted. In the study, the whole of the population was tried to be reached without using sample selection and the study was completed with 333 patients hospitalized in surgical clinics between October 2018 and February 2019. The Beck Depression Inventory (BDI), Attitudes towards Seeking Psychological Help Scale-Shortened (ASPH-S) and the Psychological Well-being Scale (PWBS) were used for the data collection. Mann-Whitney U test was used for the comparison of two variables, and Kruskal-Wallis test was used for the comparison of more than two variables. Cronbach's Alpha reliability analysis test were used to assess the data. Spearman's correlation test was used to analyze the relationship between BDI, ASPH-S and PWBS.

Results: It was found that patient's age, gender, educational status, marital status, number of children, family structure, having a chronic disease, being applied to a psychiatrist in the last year and using a psychiatric drug had a statistically significant effect on BDI scores (p <.05). Patient's educational status, socioeconomic status and having a chronic disease had a statistically significant effect on PWBS scores (p <.05). Patient's socioeconomic status, where they came from, being applied to a psychiatrist in the last year and using a psychiatric drug had a statistically significant effect on ASPH-S scores (p <.05). There was also a negative and weak relationship between BDI and PWBS (r=0.298, p <.05) and ASPH-S (r = 0.209, p <.05) and a positive and moderate relationship between PWBS and ASPH-S (r=0.317, p <.05).

Conclusions: Patient's sociodemographic characteristics affected the BDI, PWBS and ASPH-S scores of the patients with surgical problems. The nurses should determine the positive and negative predictors of attitudes toward seeking professional psychological help in patients hospitalized in surgical clinics.

Keywords: Surgical Patients; Depression; Psychological Well-Being; Seeking Psychological Help.

INTRODUCTION

Help seeking for psychological problems allows psychiatric problems to be diagnosed without worsening (1). Seeking help is to ask for help and support from professional (formal resource) or non-professional (informal resource) individuals in order to get rid of problems that individuals cannot overcome (2). Psychological help-seeking is a behavior and shows to want psychological help from mental health professionals (3). Negative attitudes towards seeking psychological help is one of the most

important obstacles for people to take psychiatric care (4).

Literature have shown that the patients hospitalized in surgical clinics experience higher levels of depression (5,6). Depression prevalence was 23.6% in patients before cardiac surgery and was 37.7% after cardiac surgery (7). After surgery for hip or knee arthroplasty 50.0% of the patients became depressed (8). The prevalence of depression in patients with lung cancer before surgery were 12.0% and this rate increased to 19.0% after surgery

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(9). In a study, 36.0% of patients undergoing hysterectomy was depressed and 46.0% of them was borderline depressed. None of the patients had applied to a mental health professional for psychological help (10). While the prevalence of depression is so high, it is necessary to define the factors that prevent the individual from seeking psychological help from health professionals.

Individuals with psychiatric symptoms or illnesses need a variety of help due to different problems. The degree of the decision to ask for assistance is influenced by the structure of the problem or the extent to which health professionals are chosen for specific problems (11). According to Yousaf et al. (12), factors such as resentment, anxiety, fear, lack of communication and problems in selfexpression prevented people from seeking psychological help. Sun et al. (13) found that lack of knowledge about psychological treatment and the lack of physicians' knowledge of psychiatric knowledge increased the level of anxiety of individuals and prevented their seeking for psychological help. Picco et al. (14) defined that being young, being single, having low levels of education and having low income prevented people from getting psychological help. In another study, being young, having low levels of education and being no depressed had a negative effect on patients' seeking for psychological help (15).

There is no study investigating the attitudes toward psychological help seeking of the patients hospitalized in surgical clinics in turkey. For this reason, the aim of this study was to determine the correlation between depression, psychological well-being, and attitudes toward psychological help seeking in surgical patients.

MATERIALS and METHODS

This was a correlative descriptive study conducted on patients hospitalized in the surgical clinics of the training and research hospital of Giresun University between October 2018 and February 2019. No sample was selected for the study, and 333 individuals who met the inclusion criteria and agreed to participate in the study were included in the study sample. The inclusion criteria were being 18 years old and above, being conscious, having no mental problems, not having communication difficulties and agreeing to participate after being informed about the study. Written approval from hospital to conduct this study was was received from the institution. The study was approved by the Ethics Committee of Aksaray University (2018/226).

Data Collection

The data of the study were collected between October 2018 and February 2019. All patients had been informed about the study via written information and, those who voluntarily agreed to participate in the study, had to sign the informed consent. The data for the study were collected using a Patient Information Form (PIF), the Beck Depression Inventory (BDI), Attitudes towards Seeking

Psychological Help Scale-Shortened (ASPH-S) and the Psychological Well-being Scale (PWBS). The investigator was at the surgical clinics twice a week (on Thursday and Friday) in order to collect face-to-face data from the patients who had fulfilled the inclusion criteria, until she reached the planned sample size. Each interview took a mean of 25-30 minutes.

Data Collection Tool

Patient Information Form was prepared by the investigator and included 11 questions on descriptive characteristics of the patients such as age, gender, marital status, educational status, family structure and having chronic illness (11-15).

The BDI was developed by Beck, Ward, Mendelson, Mock, & Erbaugh (16), and adapted for use in Turkey by Hisli (17,18). Each item of the 21-item scale is scored between 0 and 3 points. The total score has a value in the range of 0-63. High scores indicate the presence of depression. Having a total score between 0-9 points show minimal depression, 10-18 points show mild depression, 19-29 points show moderate depression, and 30-63 points show severe depression. The Cronbach's alpha of the scale was 0.85 for this study.

The ASPH-S was developed by Türküm (19) to assess attitudes towards seeking psychological help. The response of each item is scored between 1 (Strongly Disagree) and 5 (Strongly Agree). The total score has a value in the range of 18 – 90. High scores indicate positive attitudes towards seeking psychological help. The Cronbach's alpha of the scale was 0.93 for this study.

The PWBS was developed by Diener, Scollon, & Lucas (20) and Diener et al. (21). The validity and safety studies for the Turkish version were carried out by Telef (22). The PWBD, consisting of 8 items, assesses positive relationship, self-perceived emotional competencies and self-perceived feelings of having a meaningful and purposeful life. The response of each item is scored between 1 and 7. The total score has a value in the range of 8 to 56. High scores determine indicate that the level of psychological well-being is high. The Cronbach's alpha of the scale was 0.88 for this study.

Data analysis

The data were analyzed using the IBM SPSS Statistics 24 package software. Descriptive statistics, Kruskal Wallis and Mann Whitney U test were used for the statistical analyses of the data. Spearman's correlation test was used to analyze the relationship between BDI, ASPH-S and PWBS. The results were evaluated in a reliability range of 95%. Statistical significance was accepted at p < .05.

RESULTS

The mean age of patients included in the study was 53.86±16.93 years. The patients were: between 56-70 years (31.8%), female (53.5%), and married (74.8%). Among the patients, 39.9% had 3-4 children, 39.3% came from

Table 1. Sociodemographic characte	eristics of the patient	s (n=333)
	n	%
Age		
40 years ≤	81	24.3
41-55 years	89	26.7
56-70 years	106	31.8
71 years ≥	57	17.2
Gender		
Female	178	53.5
Male	155	46.5
Marital status		
Married	249	74.8
Single	43	12.9
Divorced	41	12.3
Number of children		
No children	49	14.7
1-2	89	26.8
3-4	133	39.9
5 ≥	62	18.6
Place of residence		
Village	96	28.8
Town	106	31.9
City	131	39.3
Educational status		
Literate/Primary school	208	62.5
Secondary school	53	15.9
High school	38	11.4
University	34	10.2
Employment status		
Employed	99	29.7
Unemployed	234	70.3
Social security		
Yes	307	92.2
No	26	7.8
Socioeconomic status		
High	50	15.0
Moderate	261	78.4
Low	22	6.6
Family structure		
Nuclear	237	71.2
Extended	96	28.8

the city, 62.5% were primary school graduates or under, 70.3% were unemployed, 92.2% had social security, 78.4% perceived their socioeconomic status as a moderate level, and 71.2% had a nuclear family structure (Table 1).

Of patients included in the study, 86.8% had an attendant, 43.5% had a chronic illness, and 91.0% received information about their illness. Among the patients, 16.2% had applied to a psychiatrist in the last year, and 16.5% had used a psychiatric drug.

The mean total BDI score was 10.62±7.32. The mean total score obtained from PWBS was 43.16±7.96. The mean total ASPH-S score was 46.06±10.11 (Table 2).

As shown in Table 3, patient's age, gender, educational status, marital status, number of children, family structure, having a chronic disease, being applied to a psychiatrist in the last year and using a psychiatric drug had a statistically significant effect on BDI scores (p <.05). Patient's educational status, socioeconomic status and having a chronic disease had a statistically significant effect on PWBS scores (p <.05). Patient's socioeconomic status, where they came from, being applied to a psychiatrist in the last year and using a psychiatric drug had a statistically significant effect on ASPH-S scores (p <.05).

The correlation between the mean scores of BDI, PWBS and ASPH-S is provided in Table 4. There was a negative and weak relationship between BDI and PWBS (r=0.298, p<.05) and ASPH-S (r=0.209, p<.05) and a positive and moderate relationship between PWBS and ASPH-S (r=0.317, p<.05).

DISCUSSION

The data obtained in order to determine the correlation between depression, psychological well-being, and attitudes toward psychological help seeking in surgical patients were discussed in the light of the literature.

In the present study, patient's age, gender, educational status, marital status, number of children, family structure, having a chronic disease, being applied to a psychiatrist in the last year and using a psychiatric drug affected their BDI scores. Shoar et al. defined that female gender, hospitalization for a long time, surgical decision, having insufficient family support and having a low income level increased the incidence of depression in patients (5). In a

Table 2. Distribution of the mean scores obtained from the BDI, the PWBS and the ASPH-S						
	Mean±S. Deviation	Min-Max	Cronbach's alpha value			
BDI total score	10.62±7.32	0-32	.85			
PWBS total score	43.16±7.96	8-56	.88			
ASPH-S total score	67.89±13.46	22-90	.93			
Positive attitudes towards seeking psychological help	46.06±10.11	12-60	.95			
Negative attitudes towards seeking psychological help	21.82±5.35	6-30	.84			

Table 3. Factors affecting BDI, PWBS and ASPH-S scores of patients							
	I	BDI		PWBS		ASPH-S	
	X±SD	test/p value	X±SD	test/p value	X±SD	test/p value	
Age							
40 years ≤	8.2±6.9	24.746	44.5±8.2	6.354	70.2±12.3	4.474	
41-55 years	10.2±8.1	.000	42.7±8.3	.096	66.5±14.2	.215	
56-70 years	11.1±6.4		42.3±7.2		66.5±13.4		
71 years ≥	13.5±6.9		43.3±8.2		69.2±13.6		
Gender							
Female	11.4±7.4	2.270	42.7±8.1	0.947	68.2±14.2	0.768	
Male	9.7±7.0	.023	43.6±7.6	.344	67.5±12.6	.442	
Educational status							
Literate/Primary school	11.6±6.8	22.065 . 000	42.6±7.9	8.668 . 034	67.0±13.9	6.722 .081	
Secondary school	9.8±7.8		43.0±6.4		66.7±11.5		
High school	9.0±6.9		43.3±10.5		69.6±14.1		
University	7.4±8.3		46.5±5.8		72.7±11.8		
Marital status							
Married	9.9±6.3	24.218	43.3±8.0	5.363	67.1±13.2	3.758	
Single	8.9±8.5	.000	44.3±7.3	.068	71.2±12.3	.153	
Divorced	16.5±8.5		41.0±8.1		68.6±15.5		
Number of children							
No children	9.3±8.7	17.157	44.1±7.3	1.522	70.3±12.2	6.531	
1-2	8.9±6.8	.001	43.0±8.8	.677	69.7±12.3	.088	
3-4	11.6±6.8		42.7±7.5		65.5±14.3		
5 ≥	11.8±7.3		43.3±8.0		68.1±13.6		
Socioeconomic status							
High	8.7±6.0	5.267	46.2±6.0	14.872	71.3±10.6	13.209	
Moderate	10.8±7.4	.072	42.8±8.1	.001	68.1±13.1	.001	
Low	12.5±7.7		40.1±7.1		56.7±17.1		
Family structure							
Nuclear	10.1±7.1	2.070	43.4±7.9	1.584	68.7±13.1	1.893	
Extended	11.8±7.6	.038	42.3±7.9	.113	65.7±14.1	.058	
Place of residence							
Village	10.4±6.4	.689	41.7±8.7	3.884	64.5±14.7	13.805 . 001	
Town	10.9±7.4	.709	43.5±7.0	.143	66.6±13.7		
City	10.4±7.8		43.8±7.9		71.4±11.3		
Having a chronic disease							
Yes	12.8±7.1	5.637	41.5±7.8	3.717	66.6±13.9	1.540	
No	8.8±6.9	.000	44.4±7.8	.000	68.8±13.0	.124	
Being applied to a psychiatrist in	•						
Yes	13.5±7.1	3.618	40.9±9.1	1.926	73.5±12.6	3.487 .000	
No	10.0±7.2	.000	43.5±7.6	.054	66.8±13.3	.000	
Using a psychiatric drug							
Yes	14.4±6.0	4.951	41.4±9.3	1.225	74.1±12.0	3.785	
No	9.8±7.3	.000	43.4±7.6	.220	66.6±13.4	.000	

Table 4. Correlation between the mean scores of BDI, PWBS a	nd ASPH-S	;				
		1	2	3	4	5
1. BDI	r	1				
	р	-				
2. PWBS	r	298**	1			
	р	0.000	-			
3. Positive attitudes towards seeking psychological help	r	209**	.286**	1		
	р	0.000	0.000	-		
4. Positive attitudes towards seeking psychological help	r	153**	.280**	.507**	1	
	р	0.005	0.000	0.000	-	
5. ASPH-S	r	209**	.317**	.921**	.778**	1
	р	0.000	0.000	0.000	0.000	-

study by Park et al., it was reported that gender, age, marital status and length of hospital stay were not predictors for depression after surgery, but having a chronic disease increased risk for depression (9). In another study, it was found that as depression in patients who had undergone hysterectomy was associated with number of children, it was not associated with educational status and marital status (10).

The present study found that patient's educational status, socioeconomic status and having a chronic disease affected their PWBS scores. In accordance with this finding, being low educational status, having economic problems, and being unemployed had a negative effect on psychological well-being in patients with breast cancer (23). The following studies defined that low quality of life was associated with psychological well-being. There was a relationship between quality of life and psychological well-being in patients with thyroid cancer after surgery (24). Masood et al. revealed that quality of life was associated with psychological well-being in patients with type II diabetes after surgery (25). Patient's educational status and socioeconomic status were important preditors of quality of life in patients with chronic disease (26-28). In the light of these findings, it can be said that patient's educational status, socioeconomic status and having a chronic disease adversely affect the psychological wellbeing by disrupting the quality of life.

In the present study, patient's socioeconomic status, where they came from, being applied to a psychiatrist in the last year and using a psychiatric drug affected their ASPH-S scores. Arslantas et al. determined that having low level of education and low income level, not having a relative with psychological problems, and not feeling the need for psychological support decreased seeking psychological help (2). In the study of Picco et al., it was found being young, being single, having low levels of education and having low income prevented people from getting psychological help (14). Mojtabai et al. revealed that request for professional assistance and the ability to speak easily about psychological problems positively affected the individual's psychological help seeking behavior (29). In the light of these findings, it can be said that attitudes toward psychological help seeking are affected by sociocultural factors such as socioeconomic status, place of residence and need professional help for a serious psychiatric disorder.

The present study found that depression in patients hospitalised in surgical clinics were associated with psychological well-being and attitudes towards seeking psychological help. Also, psychological well-being was associated with attitudes towards seeking psychological help in patients. It was reported in the study of Ramkisson et al. that depression in adults with type 2 diabetes mellitus was associated with psychological well-being (30). According to Nagai, the intentions of seeking psychological help in individuals with depressive problems are low, but the attempt to take psychiatric treatment is high (31). Likewise, in the study of Gondek and Kirkbride, it was found that individuals with mental problems had received psychological help in the past due to these problems, and they also stated that they would seek psychological help when needed (32). Finally, in the present study, it can be said that depression and psychological well-being were determinants of attitudes towards seeking psychological help in surgical patients.

Limitations of the study

This study is limited to the patients hospitalized in surgical clinics at the only one hospital. Also, individual declarations of the patients receiving surgical treatment involved.

CONCLUSION

In the study, a statistically significant correlation was found between depression levels, psychological well-being levels and attitudes towards seeking psychological help of the patients hospitalized in surgical clinics. Patient's sociodemographic characteristics affected the BDI, PWBS and ASPH-S scores of the patients with surgical problems.

The nurses should determine the positive and negative predictors of attitudes toward seeking professional psychological help in patients hospitalized in surgical clinics. They should define the patients at depression risk or with psychological problems and guide patients to get professional psychological help.

Competing interests: The authors declare that they have no competing interest

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Ethical approval: The study was approved by the Ethics Committee of Aksaray University (2018/226).

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